



2020

Orientation Manual

Ryan White Planning Body



Ryan White
Planning Body

Charlotte TGA

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Terms to Know

ASO (AIDS Service Organization): A non-governmental organization that provides services related to the prevention and treatment of HIV

CBO (Community-based organization): An organization which provides services to locally defined populations, which may or may not include populations affected by HIV

Core Services: Medical services like outpatient/ambulatory health; pharmaceutical assistance; substance abuse outpatient services; dental; medical nutritional therapy; health insurance; home health care; hospice; mental health; early intervention services (EIS); and medical case management (MCM)

HMAP/ADAP: HIV Medication Assistance Program / AIDS Drug Assistance Program

HOPWA (Housing Opportunities for People with AIDS): A program administered by the US Department of Housing and Urban Development (HUD) which provides funding to support housing for PLWH and their families

Incidence: The number of new cases of a disease that occur during a specified time

Incidence Rate: The number of cases of a disease per population per specified time, often per 100,000 people

Out of Care: A PLWH who has not had a CD4 count or viral load test, been prescribed antiretroviral therapy (ART), and has not had a primary care visit in the past 12 months

PLWH: Person/People Living with HIV

Prevalence: The total number of persons living with a specific disease or condition at a given time

Prevalence Rate: The proportion of a population living at a given time with a condition or disease

Priority Population: A population to be reached through some action or intervention; may refer to groups with specific demographic or geographic characteristics

Reallocation: Moving funds from one service to another, based on current or expected need

Support Services: Non-medical services needed to achieve positive health outcomes for PLWH, such as support groups, medical transportation, emergency financial assistance, or housing

TGA (Transitional Grant Area): A geographic area that receives Part A funds; TGAs must have reported 1,000-1,999 AIDS cases in the most recent 5 years and have a population of at least 50,000

Ryan White Planning Body

The Planning Body (PB) is governed by the Health Resources & Services Administration's (HRSA) HIV/AIDS Bureau (HAB).

The PB is a vehicle for providing consumer-conscious, data-driven recommendations for the use of Part A funds in the TGA.

At least 33% of our members must be unaligned consumers, or people living with HIV who receive Ryan White services and do not work for an agency that receives Part A money. Our goal is to have 50% or more unaligned consumers, because we believe in empowering people living with HIV to make decisions about the services that impact them.

We strive to be demographically representative of the six counties we serve – in race, gender, ethnicity, age, and county of residence. The PB consists of local experts from communities living with HIV and professionals working in the HIV service system.

We serve 6 counties!

The Planning Body serves the Charlotte Transitional Grant Area (TGA), consisting of:

1. Anson, NC
2. Cabarrus, NC
3. Gaston, NC
4. Mecklenburg, NC
5. Union, NC
6. York, SC



Our Purpose

1. To revise and extend the Part A Program to provide life-saving care for PLWH; and
2. To address unmet care and treatment needs of PLWH by funding primary health and support services that enhance access to and retention in care



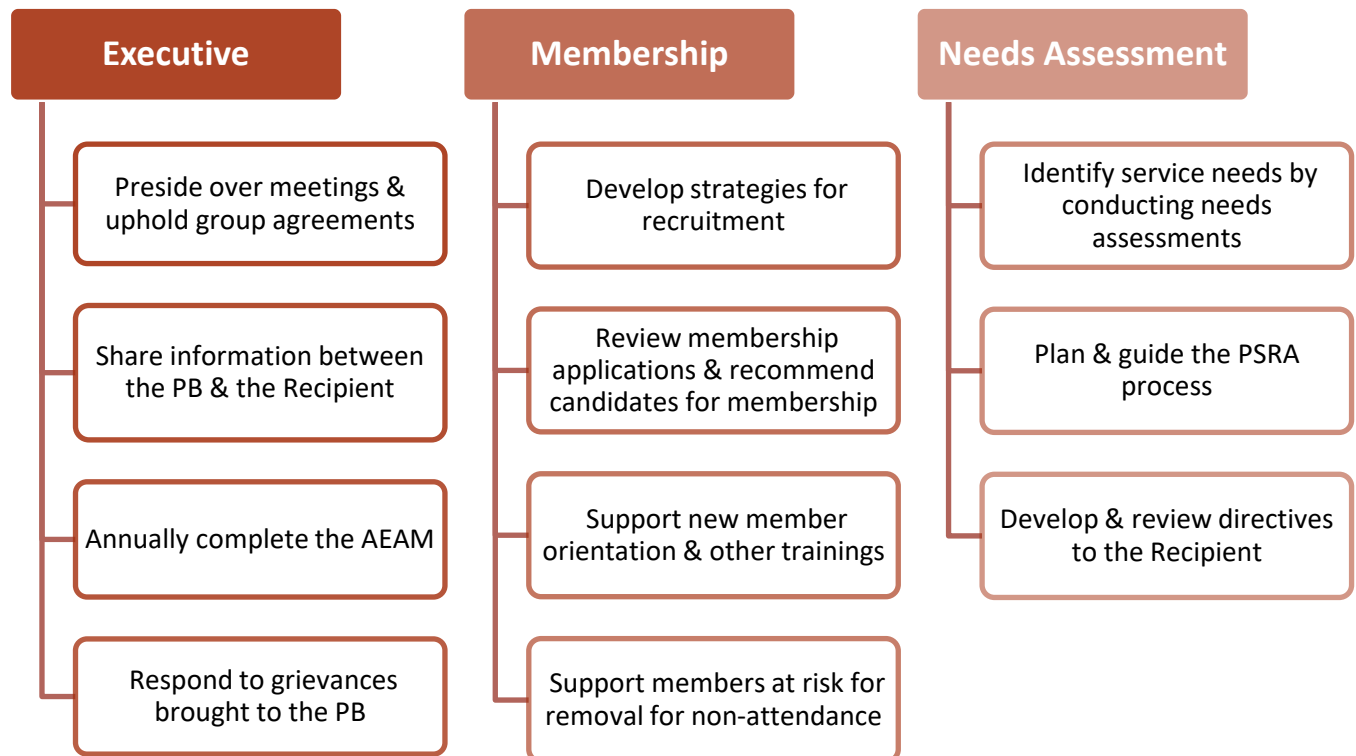
Planning Body Leadership



Your Chairs support you by:

1. Planning for, attending, and facilitating meetings;
2. Signing official Planning Body documents;
3. Creating and dissolving workgroups as needed;
4. Reporting workgroup progress and activities to the Planning Body;
5. Collaborating to ensure Planning Body objectives are moving forward;
6. Communicating with the Recipient; and
7. Reviewing complaints, attendance, and meeting evaluations to learn how to serve you better!

Workgroup Responsibilities



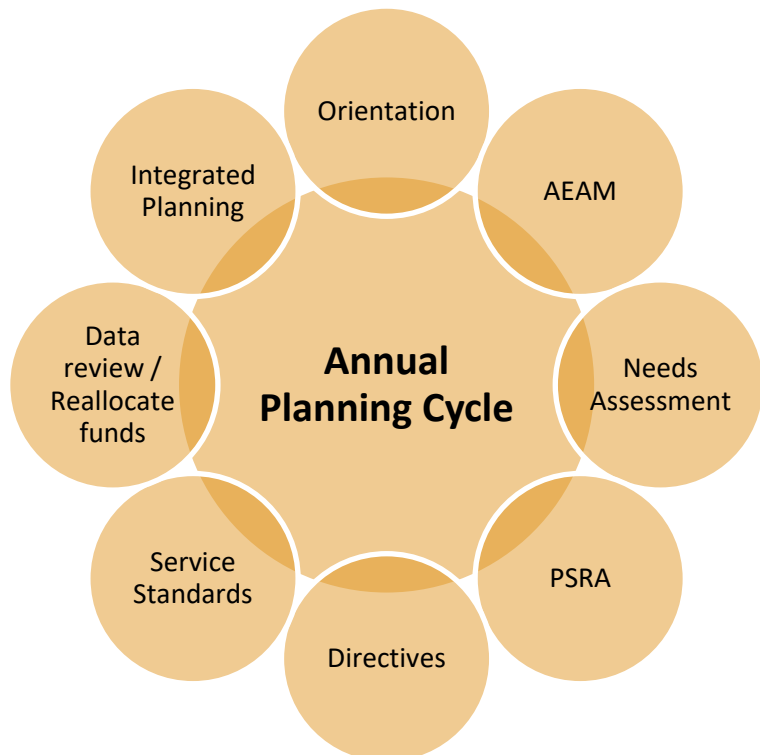
Planning Body, Recipient, and CEO Roles and Responsibilities

Task	CEO	Recipient	Planning Body
Establish Planning Body & appoint members	x		
Needs Assessment		x	x
Integrated/Comprehensive Planning		x	x
Priority Setting & Resource Allocation			x
Directives			x
Procure services		x	
Monitor contracts		x	
Coordinate of services		x	x
Evaluate services: Performance, outcomes, cost-effectiveness		x	Optional
Assess the Efficiency of the Administrative Mechanism			x

Annual Planning Cycle

The Planning Body has many responsibilities related to supporting a seamless system of care. Each of the tasks in the graphic below must be completed yearly. Much of this work occurs simultaneously. Our workgroups help us accomplish our responsibilities timely by owning various pieces of the cycle.

1. **Orientation:** Familiarize members with the Planning Body, related data, and local resources
2. **Assessment of the Efficiency of the Administrative Mechanism (AEAM):** Review the Recipient's response to Planning Body directives and timeliness of getting funds to subrecipients
3. **Needs Assessment:** Collect data to use for decision making, particularly related to unmet need, out-of-care consumers, and historically underserved populations
4. **Priority Setting & Resource Allocation (PSRA):** Rank services and decide how much money to give each based on current and expected need
5. **Directives:** Guidelines to the Recipient on how to best offer services
6. **Service Standards:** Uniform expectations for the minimum quality of care to ensure consistency across subrecipients
7. **Reallocation:** Review service use and redistribute funds, if necessary
8. **Integrated Planning:** Work with the States of North and South Carolina to develop statewide plans for HIV prevention and treatment



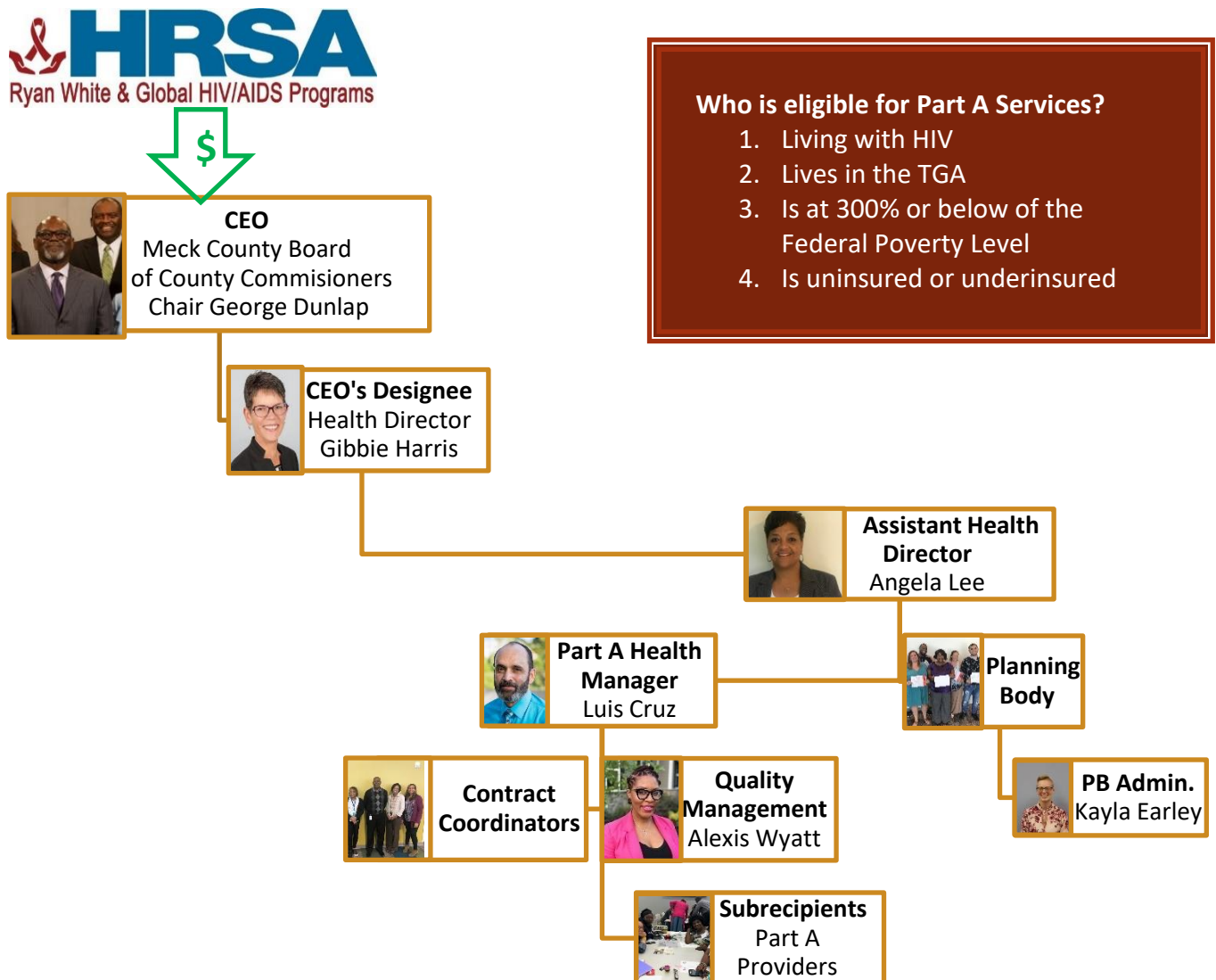
The Charlotte TGA Ryan White Part A Program

The Charlotte TGA has received Part A funding from HRSA since 2007. HRSA oversees this program, which operates out of Mecklenburg County Public Health.

The Part A Program funnels over \$6-million from the federal government to local HIV service providers. Part A staff, or the “Recipient,” is responsible for procuring, coordinating, and monitoring services to ensure they meet HRSA guidelines and are in alignment with Planning Body recommendations, whenever possible. The Part A staff in the Charlotte TGA includes:

- ✓ 1 Senior Health Manager to supervise the program
- ✓ 3 Contract Coordinators to support Subrecipients in meeting contract requirements
- ✓ 1 Quality Management Coordinator to support Subrecipients in setting and achieving Performance Measures
- ✓ 1 Administrative Assistant to support the program’s functionality

Charlotte TGA Organizational Chart



Ryan White Legislation and the HIV/AIDS Program

The Ryan White HIV/AIDS Program (RWHAP) is the largest federal program focused specifically on providing HIV care and treatment services to people living with HIV who are uninsured or underinsured.

The legislation was first enacted in 1990 as the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. It was last amended in 2009 to accommodate new and emerging needs, like increased emphasis on funding core medical services and changes in funding formulas.

RWHAP is divided into *Parts*, which provide a flexible structure to address HIV care needs based on:

- Different geographic areas
- Varying populations hit hardest by the HIV epidemic
- Types of HIV-related services
- Service system needs

The legislation addresses planning and decision-making, types of grants that are available, how funds may be used, requirements for entities submitting applications for funding, and available technical assistance to help programs run more effectively.

RWHAP requires Part A Recipients to form Planning Councils/Bodies with a minimum of 33% unaligned consumer involvement. This commitment to using consumer input empowers People living with HIV to make decisions about their service needs.

RWHAP is administered by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB).

Source: <https://hab.hrsa.gov/about-ryan-white-hiv-aids-program/ryan-white-hiv-aids-program-legislation>

Ryan White HIV/AIDS Program

In 1990, the Ryan White CARE Act passed and created the Ryan White HIV/AIDS Program. RWHAP provides over \$2 billion to fund comprehensive medical and support services for People living with HIV who are uninsured or underinsured.

Part A awards grants for medical & support services to Eligible Metropolitan Areas and Transitional Grant Areas, which are population centers most severely affected by HIV.

Part B awards grants to all US states and territories to improve the quality, availability, and organization of medical & support services. Part B includes AIDS Drug Assistance Program (ADAP).

Part C awards grants to local community-based organizations to support outpatient early intervention services, ambulatory care, and planning.

Part D awards grants to support family-centered, comprehensive care to women, infants, children, & youth living with HIV.

Part F awards grants to support research, technical assistance, and access-to-care programs, including Special Projects of National Significance, AIDS Education & Training Centers, Dental Programs, and Minority AIDS Initiative.

Source: <https://hab.hrsa.gov/about-ryan-white-hiv-aids-program/about-ryan-white-hiv-aids-program>

What other Federally Funded HIV Programs are in the TGA?



Part B

- The State of North Carolina pays for 1 full-time staff person to enroll PLWH into the HMAP/ADAP Program
- The current enroller is Joel Vazquez, an employee of Mecklenburg County Public Health
- HMAP: HIV Medication Assistance Program (NC), or ADAP: AIDS Drug Assistance Program (SC)



Part C

- The TGA has 2 Part C Providers: Quality Comprehensive Health Center (Charlotte, NC) and Affinity Health Center (Rock Hill, SC)
- Part C serves PLWH living at 500% or below of the Federal Poverty Level
- Part C covers HIV specialty care, primary care, medical case management, and linkage to care



Part D

- Part D provides HIV services to woman, youth, children, and infants living with HIV
- C.W. Williams (Charlotte, NC) is the TGA's only Part D provider
- C.W. Williams currently funds primary care, medication assisted treatment for substance use (MAT), behavioral health, medical case management, outreach, and HIV specialty care



HOPWA: Housing Opportunities for People with AIDS

- HOPWA is administered by Carolinas Care Partnership, Charlotte, NC
- HOPWA provides housing vouchers, short-term rent & utility assistance (STRMU), mental health, and linkage to housing services
- HOPWA clients must be HIV-positive and at 80% or below of the Federal Poverty Level



CREW: Community Resources for Empowerment & Wellness

- Substance use and mental health services for PLWH
- CREW offers individual and group services, including a Transgender Support Group

Social Determinants of Health

Conditions in the places where people live, learn, work, and play affect a wide range of health risks and outcomes. These conditions are known as social determinants of health (SDOH).



The 2017 [Leading on Opportunity Task Force Report](#) confirmed much of what we know about our community:

1. A deep history of segregation by race, ethnicity, and wealth continues to play a significant role in the opportunities available to the community.
2. Increasing social capital (“It’s not what you know, it’s who you know”) and access to life navigators could be one of the most impactful strategies and should be interwoven into all the other determinants.
3. Quality early care and education lay the groundwork for residents to complete high school and postsecondary education, while decreasing the likelihood of the need for public assistance and chances of encountering the criminal justice system.

The Planning Body can meet the needs of PLWH by addressing social determinants of health by:

1. Funding health and support services that address the needs expressed by our community in needs assessments, focus groups, and other data collection;
2. Maintaining and distributing a comprehensive [resource guide](#) to services addressing SDOH that are also HIV-friendly and LGBTQ-friendly;
3. Partnering with the Recipient and Quality Management Coordinator to recommend and host trainings for Part A Providers to build capacity in addressing SDOH; and
4. Maintaining a diverse and inclusive group of community volunteers that includes a wide range of health and social service providers, PLWH, and people who are representative of the demographics living with HIV in the Charlotte TGA.